

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018273

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53 Primary Registration District No.

Registrator's No. 232

FILED MAY 28 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN BLOOMFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. EAST MO. HOSP.		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First HETTIE Middle BYRNE Last		4. DATE OF DEATH Month MAY Day 14 Year 1962	
5. SEX F.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-15-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE & Ret. Store Keeper (Grocery)		11. BIRTHPLACE (City and state or country) BLOOMFIELD, MO.	
13a. FATHER'S NAME VAN ROBEY		13b. MOTHER'S MAIDEN NAME AMANDA HARPER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ****		17. INFORMANT Address Mrs. Jas. Skelton, Bloomfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Amputation Right Leg Diabetes Mellitus DUE TO (b) 58 hours DUE TO (c) 5 days 1947 on		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:19 a.m. p.m. Month, Day, Year 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 4-19-62 to 5-14-62 and last saw her alive on 5-14-62 Death occurred at 1:58 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Charles F. Skelton Degree or title Capit. Girardeau, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 15, 1962	
23c. NAME OF CEMETERY OR CREMATORY NOHIN ANTIOCH		23d. LOCATION (City, town, or county) (State) BLOOMFIELD, MO.	
24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.		25. DATE RECD. BY LOCAL REG. May 22-62	
26. REGISTRAR'S SIGNATURE James Kasten			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
by LULU COOPER # 3499 Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lulu Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.